

## **Tsongas Industrial History Center, Summer Camp Registration - Summer 2012**

Child's Name: \_\_\_\_\_

Age as of July 1: \_\_\_\_\_ M or F: \_\_\_\_\_

# of weeks attending camp: \_\_\_\_\_

List the title(s) and date(s) attending camp:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

School Attended 2011-12: \_\_\_\_\_

Grade Completed: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home telephone #: \_\_\_\_\_

Name: \_\_\_\_\_

Daytime or Cell Phone #: \_\_\_\_\_

Name: \_\_\_\_\_

### *Emergency Information*

Person to contact in cas of an emergency:

(if Parent/Guardian cannot be reached)

Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

How did you hear about our camp program?

\_\_\_\_\_  
The total cost per child for each week of camp is \$175  
sibling discount \$155 for all camps except Eco-Explorers.  
Total cost per child for Eco-Explorers is \$195, sibling  
discount \$175

To register, please complete and sign this form and return  
it with full payment as soon as possible to: Tsongas  
Industrial History Center, Summer Camp Program, 115  
John Street, Lowell, MA 01852. Make checks payable to  
UMass Lowell.

Space is available on a first-come, first-served basis.  
Refunds will only be granted until May 31.

### *Medical Information*

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Any known allergies (food, bee stings, medications,  
etc.): \_\_\_\_\_

Other Concerns/Special Needs: \_\_\_\_\_

I give permission to the above named child to partici-  
pate in the Tsongas Industrial History Center's  
Summer Camp Program and all related activities. My  
child participates at his/her own risk and I shall hold  
the Tsongas Industrial History Center and Lowell  
National Historical Park and its employees harmless  
of any injury or accident.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### *Photography*

\_\_\_\_\_ I give permission to the Tsongas Industrial  
History Center to use a photograph or video  
of my child in its public information  
materials. (No names will be used.)

\_\_\_\_\_ I do NOT give permission for my child to be  
photographed.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For more information, call the  
Tsongas Industrial History Center  
at (978) 970-5080.